

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Warren
 Township Sehoun
 City Warren (No.)

Registration District No. 881
 Primary Registration District No. 6171

File No. 28083
 Registered No. 22

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Astroth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18th 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Warren (STATE OR COUNTRY) Missouri

13. NAME Hy. Boeckemuehl
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Charlotte Hierer
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mrs. Minnie Nordwald (ADDRESS) Warren Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warren DATE 7/22 1934

19. UNDERTAKER F. O. Muls (ADDRESS) Warren Mo

20. FILED July 23 1934 at Warren Registrar.

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9th 1934

22. I HEREBY CERTIFY That I attended deceased from July 18th 1934 to July 19th 1934. I last saw him alive on July 19th 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enteritis Date of onset 7/18/1934

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) W. J. Clarenbach M. D.
 (Address) Wright City Mo

SECRET